

**PARENTS – READ AND KEEP THIS INFORMATION SHEET**

The NC Pre-K Program administered by the Region A Partnership for Children provides eligible families with access to full-time, high-quality Pre-K services at many school, Head Start and private childcare sites located in the western seven counties of North Carolina and on the Qualla Boundary. NC Pre-K classrooms operate for at least 6 ½ hours a day for ten months. Qualifying sites must be approved, must hold an NC four or five-star rated childcare license and must employ qualified Lead Pre-K Teachers. **A child who is approved for NC Pre-K and receives placement in an NC Pre-K classroom may receive childcare services for the NC Pre-K school day free of charge.**

*Who is Eligible for NC Pre-K?*

A child is age eligible if s/he has turned four on or before August 31 of the program year but is not yet five years old. A family is eligible if they meet income guidelines. A family may be over the income guidelines and still be eligible for NC Pre-K assistance if one of the following applies: family is homeless; speaks a language other than English at home; is an eligible military family; or child exhibits an Educational Need, has an Individualized Education Plan or Chronic Health condition. Further documentation is required to verify such circumstances. All families enrolling a child in an NC Pre-K classroom must complete and submit a full application packet.

*How Do I Apply for NC Pre-K Enrollment?*

- Obtain NC Pre-K Child Application from the site where you wish to enroll your child in Pre-K.
- Complete, sign and date the attached Child Application. **All items must be answered in full.**
- Include the following documents **with** your child's application for NC Pre-K:
  - Copy of birth certificate or shot record
  - Current income for all parents/stepparents/custodians/guardians **who live in the same household** as the NC Pre-K child (see box below for acceptable forms of income documentation)
  - If child lives with custodian or guardian, attach most recent court order or other authorization
  - If child is in foster care, the Department of Social Services Social Worker must sign this application
- Submit all application materials to the school, Head Start or private site where you obtained this paperwork. Contact the Region A Partnership for Children at 828-586-0661 for further information.

*What Kinds of Income are Acceptable?*

Submit the following for **every parent/stepparent, custodian and guardian who is living in the same household as the Pre-K child.** **DO NOT list or include parents who do not live in the same household as the Pre-K child. DO NOT include income for parents who do not live in the same household as the Pre-K child.**

- 1) First two pages of 2022 income tax return (1040); **OR** W2 forms for 2022; **OR** a minimum of one month's recent consecutive paycheck stubs which include the name of the payee, the pay period, gross and net wages, including overtime; **OR** a signed, dated statement from a person's employer on business letterhead stating the frequency of pay and gross wages, including overtime.
- 2) For self-employed individuals, provide Schedule C along with first two pages of 2022 income tax return (1040). If taxes are not available, contact NC Pre-K Coordinator at [ncprek@rapc.org](mailto:ncprek@rapc.org) for assistance.
- 3) Documentation of Per Capita/Indian Gaming Proceeds from 2022: check stubs **OR** 1099 Miscellaneous tax form bearing name of recipient; **OR** first 2 pages of 2022 income tax return (1040);
- 4) Documentation of child support payments for all minor children in household;
- 5) Alimony Award Letter (attach copy of court order) **OR** first 2 pages of 2022 income tax return (1040);
- 6) Workman's Compensation (attach copy of award letter) **OR** first 2 pages of 2022 income tax return (1040);
- 7) Retirement/disability benefit income (attach award letters from Social Security or Veteran's Admin);
- 8) Payment roster of all current Unemployment Benefits (including state and federal benefits).

NC Pre-K Program Child Application for 2023 - 2024

Printed name of person who is completing this application: \_\_\_\_\_

Check box indicating your relationship to the child:

Child's Parent  Child's Stepparent  Other Family Member  (relation) \_\_\_\_\_

Child's Legal Custodian  Child's Legal Guardian  DSS Caseworker  (county) \_\_\_\_\_

If you are the child's legal custodian/guardian (other than the child's parent or stepparent) please attach the most recent court papers or authorization.

For your child to be considered for NC Pre-K, ALL PAGES OF THIS APPLICATION MUST BE FULLY COMPLETED including signatures and dates. All supporting documents as listed on the Information Sheet must be attached. For further information, please call or email us at 828-586-0661 or ncprek@rapc.org.

Child's First, Middle, Last Name: \_\_\_\_\_  F  M

Child's Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Copy of birth certificate or shot record MUST be attached

Child's Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

What County Does Child Live In? (Circle one): Cherokee Clay Graham Haywood Jackson Macon Swain

Is child a North Carolina resident? Yes  No

Is child a United States citizen? Yes  No

Child's Ethnicity: (check one): \_\_\_\_\_ Non-Hispanic \_\_\_\_\_ Hispanic

Child's Race: (check all that apply): \_\_\_\_\_ American Indian/Alaska Native \_\_\_\_\_ Asian \_\_\_\_\_ Black/African American \_\_\_\_\_ Native Hawaiian/other Pacific Islander \_\_\_\_\_ White/European American

HEALTH AND DENTAL EXAMINATIONS

A health examination form is attached to this application. Please have this completed by your child's medical provider and submit it with other paperwork to the Pre-K site.

CHILDCARE HISTORY

Please check the statement that best describes your current childcare situation:

- \_\_\_\_\_ My child has never been served in any preschool or childcare setting
\_\_\_\_\_ My child is currently unserved (at home now but has been in childcare or some preschool program)
\_\_\_\_\_ My child is in unregulated childcare (such as a private babysitter or family member)
\_\_\_\_\_ My child is not receiving subsidy but is in some kind of regulated childcare or preschool program (Head Start)
\_\_\_\_\_ My child is receiving subsidy and is in some kind of regulated childcare or preschool program

If your child was enrolled in childcare as a three-year-old program, list the name of the Center or care provider: \_\_\_\_\_

Continue to Next Page Of Application

Child's Full Name: \_\_\_\_\_

**HOUSEHOLD & INCOME INFORMATION**

**List ONLY Parents/Stepparents/Custodians/Guardians Living in the Same Home with the Child**

➔ **Income of parents/stepparents/custodians/guardians must be submitted with this application. See the Information Sheet that you received with this application for kinds of income that meet the requirements.**

**PARENT #1: Name of Parent/Stepparent/Custodian/Guardian:** \_\_\_\_\_

Does this person live in the same household as the Pre-K child? Yes  No  (If 'No', do not include this person on this application.) Include **ONLY** parents/stepparents/custodians and guardians who live in the same household as the Pre-K child.

➔ **EVERY BOX BELOW MUST BE ANSWERED**

➔ **DO YOU RECEIVE ANY OF THE FOLLOWING?**  
(Attach income documentation for all items you answer 'Yes' to.)

- |                            |  |  |  |
|----------------------------|--|--|--|
| Is This Person Employed?   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Regular wages/employment income?                             | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Seeking Employment?        | Yes <input type="checkbox"/> No <input type="checkbox"/> | Per Capita/Indian Gaming Proceeds?                           | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Disabled?                  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Alimony Payments?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Retired?                   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Unemployment Benefits?                                       | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| In High School/GED Program | Yes <input type="checkbox"/> No <input type="checkbox"/> | Workman's Compensation?                                      | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| In College?                | Yes <input type="checkbox"/> No <input type="checkbox"/> | Child Support for any minor children<br>living in same home? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|                            |  | Retirement income?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|                            |  | Disability Income?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |

**I have income from the following sources, but I have no documentation of this income:** Yes  No

List such sources of income: \_\_\_\_\_

**ZERO INCOME STATEMENT – Complete the statement below ONLY if you are unemployed and have no income at all.**

I, (print name) \_\_\_\_\_ verify that I am NOT employed and receive NO income.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Of Application

**NC Pre-K Program Child Application for 2023 - 2024**

Child's Full Name: \_\_\_\_\_

➔ **PARENT #2: Name of Parent/Stepparent/Custodian/Guardian:** \_\_\_\_\_

Does this person live in the same household as the Pre-K child? Yes  No  (If 'No', do not include this person on this application.) Include **ONLY** parents/stepparents/custodians and guardians who live in the same household as the Pre-K child.

➔ **EVERY BOX BELOW MUST BE ANSWERED**

➔ **DO YOU RECEIVE ANY OF THE FOLLOWING?**  
(Attach income documentation for all items you answer 'Yes' to.)

- |                            |  |  |  |
|----------------------------|--|--|--|
| Is This Person Employed?   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Regular wages/employment income?                             | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Seeking Employment?        | Yes <input type="checkbox"/> No <input type="checkbox"/> | Per Capita/Indian Gaming Proceeds?                           | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Disabled?                  | Yes <input type="checkbox"/> No <input type="checkbox"/> | Alimony Payments?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Retired?                   | Yes <input type="checkbox"/> No <input type="checkbox"/> | Unemployment Benefits?                                       | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| In High School/GED Program | Yes <input type="checkbox"/> No <input type="checkbox"/> | Workman's Compensation?                                      | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| In College?                | Yes <input type="checkbox"/> No <input type="checkbox"/> | Child Support for any minor children<br>living in same home? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|                            |  | Retirement income?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|                            |  | Disability Income?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |

**I have income from the following sources, but I have no documentation of this income:** Yes  No

List such sources of income: \_\_\_\_\_

**ZERO INCOME STATEMENT – Complete the statement below ONLY if you are unemployed and have no income at all.**

I, (print name) \_\_\_\_\_ verify that I am NOT employed and receive NO income.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Child's Full Name: \_\_\_\_\_

<b>LIST ALL OTHER PERSONS LIVING IN THE SAME HOME WITH THE CHILD</b>		
<b>DO NOT LIST PARENTS OR PERSONS WHO DO NOT LIVE IN THE SAME HOME WITH THE PRE-K CHILD</b>		
NAME	RELATIONSHIP TO PRE-K CHILD/FAMILY	DATE OF BIRTH
		____/____/____
		____/____/____
		____/____/____
		____/____/____
		____/____/____
		____/____/____

Continue to Next Page  
Of Application

NC Pre-K Program Child Application for 2023 - 2024

Child's Full Name: \_\_\_\_\_

Please tell us if any of these situations apply to your child or your family.

- \_\_\_\_\_ We lack a fixed, regular and adequate nighttime residence (living with friend or relative, in a motel, shelter, tent, abandoned building or vehicle)
- \_\_\_\_\_ Limited English Proficiency (Family and/or child speaks limited or no English in the home)
- \_\_\_\_\_ Educational Need (attach copy of pages 1 & 2 of **current** IEP OR documentation of scores on recent developmental screening instrument as approved for use with NC Pre-K program)
- \_\_\_\_\_ Chronic Health Condition (Doctor's statement required)  
Describe your child's health condition: \_\_\_\_\_
- \_\_\_\_\_ Child of Eligible Military Family—Parent is: **active** duty member of the US Armed Forces (including NC National Guard, state military or reserve component of Armed Forces) who was ordered to active duty within the last 18 months **OR** who was injured or killed while serving on active duty (attach either military member's Leave & Earnings Statement, OR documentation of service-connected disability or death).

SIGNATURE

I certify that all information provided above is accurate to the best of my knowledge and I understand that providing false or inaccurate information may disqualify my child from receiving services.

Parent/Stepparent/Guardian/Custodian:

➡ NOTE: IF child is in Foster Care, Department of Social Services Social Worker must sign below

SIGN YOUR NAME: \_\_\_\_\_

PRINT YOUR NAME: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

Please look over your child's application and make sure all areas have been completed. Take the attached Children's Medical Report form to your child's doctor for completion. You are welcome to contact the Region A Partnership for Children at 828-586-0661 or [ncprek@rapc.org](mailto:ncprek@rapc.org) anytime! Check out our website at [www.rapc.org](http://www.rapc.org)!

# Children's Medical Report

RAPC 2/2020

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Address of Parent/Guardian \_\_\_\_\_

**A. Medical History (may be completed by parent/guardian)**

1. Is child allergic to anything? No \_\_\_ Yes \_\_\_ If yes, what? \_\_\_\_\_  
\_\_\_\_\_
2. Is child currently under a doctor's care? No \_\_\_ Yes \_\_\_ If yes, for what reason? \_\_\_\_\_  
\_\_\_\_\_
3. Is child on any continuous medication? No \_\_\_ Yes \_\_\_ If yes, list diagnoses and medications: \_\_\_\_\_  
\_\_\_\_\_
4. Any previous hospitalizations or operations? No \_\_\_ Yes \_\_\_ If yes, when and for what? \_\_\_\_\_  
\_\_\_\_\_
5. Any history of significant previous diseases or recurrent illness? No \_\_\_ Yes \_\_\_ **Diabetes** No \_\_\_ Yes \_\_\_  
**Convulsions** No \_\_\_ Yes \_\_\_ **Heart Trouble** No \_\_\_ Yes \_\_\_ **Asthma** No \_\_\_ Yes \_\_\_  
If others, what and when? \_\_\_\_\_
6. Does child have any physical disabilities? No \_\_\_ Yes \_\_\_ If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_
7. Any behavioral/mental health concerns? No \_\_\_ Yes \_\_\_ If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_



**B. Physical Examination: This examination must be completed and signed by a licensed physician, his/her authorized agent currently approved by the NC Board of Medical Examiners (or a comparable board from bordering states), a licensed Nurse Practitioner, or a licensed Public Health Nurse**

Height \_\_\_\_\_ %      Weight \_\_\_\_\_ %  
Head \_\_\_\_\_ Eyes \_\_\_\_\_ Ears \_\_\_\_\_ Nose \_\_\_\_\_ Teeth \_\_\_\_\_ Throat \_\_\_\_\_  
Neck \_\_\_\_\_ Heart \_\_\_\_\_ Chest \_\_\_\_\_ Abd/GU \_\_\_\_\_ Ext \_\_\_\_\_  
Neurological System \_\_\_\_\_ Skin \_\_\_\_\_ Vision \_\_\_\_\_ Hearing \_\_\_\_\_  
Results of TB test, if given: Type \_\_\_\_\_ Date \_\_\_\_\_ Normal \_\_\_ Abnormal \_\_\_ Followup \_\_\_\_\_

Developmental Screening: Instrument used \_\_\_\_\_ Date Admin \_\_\_\_\_  
Delayed \_\_\_\_\_ Age Appropriate \_\_\_\_\_ If delay, note significance and suggestions for  
care or follow-up: \_\_\_\_\_

Should activities be limited? No \_\_\_ Yes \_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Other recommendations: \_\_\_\_\_  
\_\_\_\_\_

**DATE OF EXAMINATION:** \_\_\_\_\_

Signature of Authorized Examiner/Title: \_\_\_\_\_

Name, Address of Agency or Medical Practice: \_\_\_\_\_  
\_\_\_\_\_

# **REGION A PARTNERSHIP FOR CHILDREN**

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www.rapc.org

## *NC Pre-K Program*

### **Parent Consent for Services & Exchange of Information 2023-2024 Program Year**

The Region A Partnership for Children (RAPC) provides funding and technical support to public schools, private childcare centers and Head Start programs to offset the cost of Pre-Kindergarten classrooms. This program is known as the *NC Pre-K Program*. All families applying for an *NC Pre-K Program* opening are required to complete and submit appropriate paperwork, including but not limited to the following: An *NC Pre-K Program Child Application*, acceptable income information, documentation of date of birth of the child, a current health assessment form completed by a medical professional, and this *Parent Consent for Services and Exchange of Information* form.

This form is to document parent/guardian consent for staff of the RAPC to exchange information with officials of *NC Pre-K Program* sites.

I, \_\_\_\_\_, Parent/Guardian of  
Print parent's name

\_\_\_\_\_  
Print child's full name and date of birth

hereby grant consent for staff of the Region A Partnership for Children to collect all paperwork necessary to determine my child's eligibility for the *NC Pre-K Program*. I further grant consent for said staff to communicate with administrators and teachers of the schools/centers named below, and to observe my child in his/her classroom and on the playground at:

\_\_\_\_\_  
Name of *NC Pre-K Program* site(s)

I understand that my written consent is valid through June 30, 2024. The limitations that I place on the exchange of information are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address (PO Box or Street, City, State, Zip)

\_\_\_\_\_  
Phone

